

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Yamaguchi	Jobie	M.K.M.	(808)535-8745
MAILING ADDRESS (Street)			FAX
1099 Alakea Street Suite 1100			(808)535-8733
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
The Queen's Health Systems	(808)532-6100	
MAILING ADDRESS (Street)	FAX	
1099 Alakea Street Suite 1100	(808)535-8733	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
John Nitao		(808)532-6170
MAILING ADDRESS (Street)		FAX
1099 Alakea Street Suite 1100		(808)535-8733
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

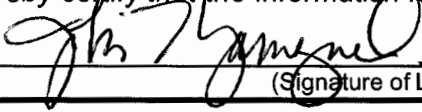
Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

4/26/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Gary A. Okamoto

President and Chief Executive Officer

NAME OF ORGANIZATION (if applicable)

TELEPHONE

The Queen's Health Systems

(808) 535-8731

MAILING ADDRESS (Street)

FAX

1099 Alakea Street Suite 1100

(808) 535-8733

(City)

(State)

(Zip Code)

Honolulu

Hawaii

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.
(Signature of Authorizing Officer or Person Represented)

4-26-05

(Date)